

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Certified Mail # P 143 588 450
06/30/98

Notice of Responsibility

StID# 699
Dublin Toyota Pontiac
6450 Dublin Blvd.
Dublin, CA 94568

SITE Date First Reported 06/10/98
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Ed Cornelius
Dublin Toyota / Pontiac
6450 Dublin Court
Dublin, C A 94568

Responsible Party (RP) # 2
(list of all RP's attached)

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 227-4349 or telephone (916) 227-4408.

Pursuant to Section 25299.37(c)(7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the site designation process.

Please contact Eva Chu, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: NEW CASE

C: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

06/30/98

LIST OF RESPONSIBLE PARTIES FOR

SITE StID: 699
Dublin Toyota Pontiac
6450 Dublin Blvd
Dublin, CA 94568

Date First Reported 06/10/98
Substance: Gasoline
Petroleum (X) Yes
Source: F

Nolan Davis

50 Oak Court, #160
Danville, C A 94526
925/820-2632

Responsible Party #1
Property Owner

Ed Cornelius
Dublin Toyota / Pontiac
6450 Dublin Court
Dublin, C A 94568
925/551-0580

Responsible Party #2
Contact Person
Contact Company

#699 P 143 588 450
E. Chu

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Ed Cornelius Dublin Toyota/Pontiac	
Street & Number 6450 Dublin Court	
Post Office, State, & ZIP Code Dublin CA 94568	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: #699 E. Chu Ed Cornelius Dublin Toyota/Pontiac 6450 Dublin Court Dublin CA 94568	4a. Article Number P 143 588 450	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X C. Canas	7. Date of Delivery 7-3-98	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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HEALTH CARE SERVICES

AGENCY
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ENVIRONMENTAL HEALTH SERVICES

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Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Certified Mail # P 143 588 449
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StID#: 699
Dublin Toyota Pontiac
6450 Dublin Blvd
Dublin, CA 94568

SITE

Date First Reported 06/10/98
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Nolan Davis

50 Oak Court, #160
Danville, CA 94526

Responsible Party (RP)
Property Owner

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C: Lori Casias, SWRCB
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HAZARDOUS MATERIALS DIVISION

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Dublin Toyota Pontiac
6450 Dublin Blvd
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Petroleum (X) Yes
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Nolan Davis

50 Oak Court, #160
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Responsible Party #1
Property Owner

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Dublin, C A 94568
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Responsible Party #2
Contact Person
Contact Company

#699 P 143 588 449
E.Chu

US Postal Service
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Do not use for International Mail (See reverse)

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Street & Number 50 Oak Ct., #160	
Post Office, State, & ZIP Code Danville CA 94526	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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